

TWELVE35 TEEN CENTER

FOR OFFICE USE	S
Verified By	
Date	_

- 1) **BOTH SIDES** of this form must be <u>completed and signed</u> for each teen to participating in the activity.
- 2) Mail, fax or drop off this form, with payment, to: Teen Programs, Parks and Recreation Department, 1235 Chapala St, Santa Barbara, CA 93101. Phone: (805) 882-1235 (TTC1235) Fax: (805)

PARTICIPANT'S L	AST NAME							FIRST	NAN	ΛE								
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Custodial Parent /	-																	
Name of Teen																		
Address																		
Home Phone									E	Birth D	ate	/	/_			Male	□ F	⁻ emale
Email Address	I						DAV	AFNIT						01-	D-1-			
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			Annua	al Tw	elve3	35 Te	een	Mem	ber	ship							\$1	5.00
Payment Method:	☐ Cash	□ C	heck to	City of	Santa	Barb	ara		Regi	stered	& paid	d online	е	TOTA	AL FEE	s:		
□Visa □MasterCa	ard #						_Exp_		N	lame c	on Car	d (prin	ıt)					
EMERGENCY CO	NTACT		Pol	ations	hip		Но	ne Ph	one			Work	Pho	ne		Call Di	one/	Pager
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2. THE UNDER causes of action, of appeal) resulting from	charges, exp	enses,	and atto	orney f	ees (in	cludin	ng atto	orney 1	ees t	o esta	blish t	he rele	easee	s right	to inde	mnity	or inc	
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IF THE PARTICIP	ANT IS A M	IINOR,	his or	her cu	stodia	ıl pare	ent o	r lega	l gua	rdian	must	read a	and e	execute	this a	green	nent.	I hereby
warrant that I am	the custodia	ıl paren	t or leg	al gua	rdian d	of √												
(PRINT PARTICIP foregoing agreem		L NAM	E) who	is a	minor	, on ı	my o	wn ar	nd sa	iid mii	nor's	behalf	f to t	he terr	ns and	d cond	noitik	s of the
✓ Participant or Pa	rent/Guardia	n (print) _						Siç	gnatur	e					Da	ate		

It is the responsibility of the participant to disclose all relevant information regarding the participant's health and special needs. Additional information and/or a physician's clearance may be required for participants with special needs or medical conditions. Information will be kept confidential and used only to determine appropriate assistance.

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HEALTH & SPECIAL NEEDS	YES	NO	If yes, explain and list current medications
ADD, ADHD			
Allergies			☐ Mild ☐ Moderate ☐ Severe
Asthma			☐ Mild ☐ Moderate ☐ Severe
Communicable diseases			
Diabetes			☐ Type I ☐ Type II ☐ Is independent in diabetes self care ☐ Needs daily assistance
Diet or activity restrictions			
Medications			
Seizure Disorder			Date of last seizure: / / Seizure type:
Other conditions/disabilities			
Wheelchair user			Transfers: ☐ Independently ☐ Partial Assistance ☐ Full Assistance
Requesting assessment for disability (Inclusion) support			Contact 564-5421 for more information on our Inclusion program.
publicity purposes. Photos of p	oarticip	ants a	RTICIPANTS: The Parks and Recreation Department may take and use photos of participants for are used in the City's activity guide and other media publications. I hereby grant the City of Santa ne, voice and words in any broadcast, telecast or print media account of this event or activity free of

CODE OF CONDUCT FOR ALL PARTICIPANTS: The benefits of Parks and Recreation Programs are numerous. Recreation is essential to personal health. Participation in parks and recreation programs enhances the quality of life and can build strong families and healthy communities.

In order to ensure the quality and enjoyment of parks and recreation programs and to promote a safe and positive atmosphere for the programs, all participants, staff, parents and persons involved with the programs (i.e. spectators, coaches, volunteers, etc.) shall abide by the following Code of Conduct:

- 1. All persons shall act with respect towards other persons, their privacy and safety.
- 2. Physical or verbal abuse of any kind will not be tolerated.
- 3. All persons shall act with respect towards public and private property and equipment.
- 4. Program rules and regulations shall be observed at all times.

Any City representative responsible for officiating, supervising or otherwise operating a parks and recreation program shall have authority to enforce the terms of this Code, as authorized by the Director of Parks and Recreation, empowered by Municipal Code Section 15.16.220. Failure of any person to abide by this Code of Conduct will result in disciplinary action, including (but not limited to): 1) removal from the program area, 2) restriction on program participation and 3) suspension or expulsion from the program. Minors, under the age of 18, are required to have a parent or legal guardian sign the registration form.

No refund fees shall be given for any suspension or expulsion from a program for violating the Code of Conduct. The Parks and Recreation Director shall review any expulsion or suspension longer than three days. Appeals of any suspension or expulsion shall be filed, in writing, with the Parks and Recreation Director within seven (7) days of action. Decision of Director is final.

Adopted 3/99

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PERMISSION TO AUTHORIZE TREATMENT FOR MINORS: In the event of emergency injury or illness while the participant is attending the recreation activity, I hereby authorize the Parks and Recreation Department to consent to medical treatment on behalf of my child. The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Parks and Recreation Department and its adult officers, employees and agents into whose care the registered child has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or surgeon. This authorization is given pursuant to the provisions of section 6910 of the Family Code of California. It is understood that if time and circumstances reasonably permit, the Parks and Recreation Department will endeavor, but is not required, to communicate with the parent or guardian prior to consenting to such treatment. The undersigned further agrees to RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE the City of Santa Barbara, its employees, officers and agents on behalf of the undersigned, the registered minor and their personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of any injury to the minor associated with any medical care performed or provided with consent given pursuant to this authorization. This authorization to consent to treatment of the minor identified above is given to the Parks and Recreation Department in conjunction with any activity or event in which the minor's care is entrusted to the Parks and Recreation Department.

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Twelve35 Teen Center Guidelines

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Facility Occupancy

Be Advised:

The maximum occupancy of Twelve35 is 49 (including staff). Once the occupancy maximum is reached, teens maybe prohibited from entering the facility. Parents, if dropping off, please confirm that your teen has entered the facility under the maximum number. If the teen arrives by their own transportation (walk, bike, skate, bus), they may have to wait to enter the facility until occupancy is below maximum. Since this is a building code and safety issue, staff will be very strict on maintaining this maximum. We apologize for any inconvenience this may cause.